



**SIXTY-SECOND ANNUAL MARDI GRAS**  
**Alpha Omega Chapter**  
**Omega Psi Phi Fraternity, Inc.**  
**Washington, DC**  
**Saturday, February 2, 2019**



*Yes, I want to be included in the Souvenir Program*

Name: \_\_\_\_\_ - \_\_\_\_\_ Current Chapter: \_\_\_\_\_

Occupation: \_\_\_\_\_ Life Member Number: \_\_\_\_\_

Chapter Initiated: \_\_\_\_\_ Date of Initiation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Place an X in the box for each service award category you qualify for and wish to be listed.**

☐ Life Member \$10.00 \$ \_\_\_\_\_

☐ Legacy Member (s) \$20.00 \$ \_\_\_\_\_

- Legacy members: Provide information for each legacy member and include the relationship
- Father/Son/Grandfather

Name/Relationship: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

☐ Years of Omega Service \$10.00 \$ \_\_\_\_\_

Indicate Number of Years \_\_\_\_\_

☐ Patrons (Non Brothers, All Others) \$5.00

(\$5 for each name listed)

- |          |          |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |

**Total Amount** \$ \_\_\_\_\_

Completed forms must be received by **January 15, 2019.**

All checks or money orders are to be made payable to: **AOSASF**  
**(Alpha Omega Social Action & Scholarship Foundation)**

Please return the Order Form and Check to: **Mardi Gras Planning Committee**  
**c/o Nathan Hunter**  
**7105 Dewdrop Way**  
**Clinton, MD 20735**